

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/22/2011	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 155 EAST BURKS DR BLOOMINGTON, IN47401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00094369.</p> <p>Complaint IN00094369 - Substantiated. Federal and State deficiencies related to the allegations are cited at F246.</p> <p>Survey date: August 22, 2011</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Survey Team: Marla Potts, RN, TC Melinda Lewis, RN</p> <p>Census Bed Type: SNF/NF: 138 Total: 138</p> <p>Census Payor Type: Medicare: 9 Medicaid: 106 Other: 23 Total: 138</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>Submission of the Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the Living Center, the Executive Director or any employees, agents, or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute and admission or agreement of any kind by facility of the truth of any facts alleged or the correctness of any conclusion set forth in the allegations. Accordingly, the Living Center has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under State and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and 19 programs. This Plan of Correction is submitted as the Living Center's Credible Allegation of Compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/22/2011	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 155 EAST BURKS DR BLOOMINGTON, IN47401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0246 SS=D	<p>Quality review 8/25/11 by Suzanne Williams, RN A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on interview and observation, the facility failed to ensure residents were provided with laundry services so their preferred personal clothing was always available and in a condition they could wear for 2 of 3 residents interviewed, in the sample of 3. Resident C and B</p> <p>Findings include:</p> <p>1. On 8/22/11 at 4:50 A.M., in an interview with CNA #1, she indicated staff frequently have to go to the laundry department to look for residents' personal clothes, for residents on the locked units.</p> <p>During interview with CNA #2 on 8/22/11 at 6:00 A.M., CNA#2 indicated normally having worked the night shift. CNA #2 indicated routinely not having residents' clothing available for residents in the morning. CNA #2 indicated the clothing could be obtained from the basement, but it was in large bins and there was not time to go through large bins of clothing. CNA #2 indicated this concern had been reported to a nurse supervisor.</p>		F0246	<p>F246 The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows: ED met with the residents cited in the 2567 and resolved issues. Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows: Facility management met with Resident Council on 8/31/11 and discussed laundry issues. Continuous laundry coverage is provided 5:30am to 10:30pm 7 days a week. Laundry staff educated on 9/1/2011 regarding laundry return to Units. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows: Unmarked clothing is available in the Activity Room daily till 9/13/11 and then will be available monthly for residents and families to claim. All current residents and new admissions will receive a laundry marker in welcome packet. These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice</p>		09/09/2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/22/2011	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 155 EAST BURKS DR BLOOMINGTON, IN47401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>2. During interview with Resident C, on 8/22/11 at 6:30 a.m. she indicated laundry was a big concern. She indicated clothes came back very wrinkled and it could take up to two weeks to get items from laundry. She indicated they put items in other residents' closets and drawers, and frequently clothing items were lost. She indicated she currently had a sweatshirt and a summer shirt missing. She indicated she usually had underclothing to wear but did run completely out at times, and staff would have to go get some.</p> <p>In an interview with Resident B, on 8/22/11 at 6:30 A.M., he indicated it takes about 2 weeks to get your clothes back from the laundry. Resident B had been identified by the Director of Nursing as interviewable on 8/22/11 at 6:15 A.M.</p> <p>During interview with Resident A on 8/22/11 at 7:00 A.M., he indicated he was the Resident Council President, and had no concerns with laundry himself but knew other residents had voiced concerns with the laundry services.</p> <p>3. The laundry was observed on 6/22/11 at 5:30 A.M. The laundry room was in the basement of the facility. There was an approximate 20 foot pole that was packed with hanging clothes. Five large bins of</p>				<p>will not recur per the following: ED/Designee will review laundry staffing and laundry delivery 3 x a week for 4 weeks, 2 x week for 4 weeks and weekly for 4 weeks. If trends or patterns found action plans will be written and implemented and reported to QAA Committee. Addendum 9/14/11 Staff audited all clothes in the closets facility wide and labeled as needed. Laundry to audit as clothing comes to laundry. Staff will audit and label as needed/identified and during weekly rounds. ED/Designee will review laundry staffing and laundry delivery 3 x a week for 8 weeks, 2 x week for 8 weeks and weekly for 8 weeks. If trends or patterns found action plans will be written and implemented and reported to QAA Committee. Completion Date 9.9.2011</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/15/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/22/2011	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 155 EAST BURKS DR BLOOMINGTON, IN47401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>clean, unfolded personal clothing were observed, clothing appeared wrinkled and just thrown into the bins from the dryers. There were also 2 small hampers and 1 large bin and a rack of clothing which the assistant laundry supervisor identified at 6:30 A.M. this same day as unlabeled clothing, that could not be returned as there was no name on them.</p> <p>In an interview with the Laundry Supervisor, on 8/22/11 at 6:30 A.M., he indicated he had spoke with his supervisor to get approval to increase the laundry staffing hours. He indicated the laundry hours would be increased by 4 hours per day 7 days per week to work on the return of personal clothing to the residents. The facility currently utilized 1 day shift for 8 hours and 1 evening shift staff member for 8 hours daily to provide all personal laundry services as well as linens used by the facility.</p> <p>This federal tag relates to complaint IN00094369.</p> <p>3.1-3(v)(1)</p>						